

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046887

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 123

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 7 1964 a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Length of stay in 1b 5 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Community Hospital		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Josie Middle Ann Last Byrd		4. DATE OF DEATH Month December Day 23 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/12/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In the home	
11a. BIRTHPLACE (City and state or country) Cumi, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Hawkins		13b. MOTHER'S MAIDEN NAME Stella White	
14. NAME OF HUSBAND OR WIFE W.D. Byrd		Address Orville Byrd -- Lincoln, Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: Acute Pulmonary Edema Myocardial Infarction DUE TO (b) [REDACTED] DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 6 mins. 1 week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED]		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]		20f. CITY, TOWN, OR LOCATION [REDACTED] COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from July 1959 to Dec 23, 1963 and last saw her alive on Dec 23, 1963 Death occurred at 3A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) [REDACTED]		22b. ADDRESS [REDACTED]	
22c. DATE SIGNED 12/24/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/26/63		23c. NAME OR CEMETERY OR CREMATORY I.O.O.F.	
23d. LOCATION (City, town, or county) (State) Craig, Missouri		24. FUNERAL DIRECTOR Wilbur L. Schooner - Craig, Mo	
25. DATE RECD. BY LOCAL REG. Dec 30, 1963		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by myself, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilbur L. Schooner

Licensed Embalmer No. 3997

P. O. Address Craig, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.